

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
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APPLICANT(S)
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**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	3		1			
5	3		1			
6	3		1			
7	1		1			
8	1		1			
9	1		1			
10	1					
11	1		1			
12	1		1			
13	1		1			
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15	1		1			
16	1		1			
17	1					
18	1		1			
19	1		1			
20	3		1			
21	3		1			
22	1		1			
23	1		1			
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25	1		1			
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29	1		1			
30	1		1			
31	1		1			
32	3		1			
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42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			4			
TOTAL DEP.			39			
TOTAL CLAIMS			43			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS